## Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ECOALYTICS LLC**

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ecoalytics LLC				
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>ds.</u> )		
The Articles of Organization for this Limited Liability C Florida document number L2200009216	ompany were filed on 01/03/22		and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC	C" or the abbrev	riation "L.L.C	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ESS)			<u>.</u>
		<del></del>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter</u>	r the name o	f the new r	egisterec
		6/3		
Name of New Registered Agent:			2022	
New Registered Office Address:			ال ``	
	Enter Florida street addre	255	22 71 - Zip Code	FILED
	, F	Torida^	↑ - Zip Code	<del></del>
New Registered Agent's Signature, if changing Registered	l Agent:	-		
New Registered Agent's Signature, if changing Registered liberaby accept the appointment as registered agent a provisions of all statutes relative to the proper and cacept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, a zent as provided for in Chapter 605,	ına 1 am jam , F.S. Or, if t	nnar wun e his docum	ana

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Andy Naranjo	7901 4TH ST N STE 300	XiAdd
		ST. PETERSBURG, FL 33702	□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
		- A	□Change
		AAAAA AAAAA AAAAAAAAAAAAAAAAAAAAAAAAAA	□Remove
			□Change
********			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change

Effective date, if other than the date of filing:  [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605.0207 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t secured; seffective date on the Department of State's records.  The econd specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b). The 90th day after the d is filed.  Signature of a member or authorized representative of a member.					
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Signature of a member or authorized representative of a member	Dated July 22	, 2022	·		
Signature of a member or authorized representative of a member		Rilly Park		na n	***************************************
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